MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

09/831220 APPLICANT(S)

FILING DATE

CLAIMS

	AS F	ILED	1st AME	TER NOMENT	AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		i				T
3				1		<u> </u>
4		 		1		1
5		1		1		†
6		_				
7		 	İ	1 1		
8		 		1		i
9						1
10				1		1
11		1		1 1		
12		1		1		T
10-					t	
+4		1		ļ		
15			1			1
16.	-					1
17				1		1
18				1		T
49				!		
-90=						
21						
22						
23						
24						1
25						
26						
27						
28						
29						
30						
31						
32						
33						
34				1		
35						
36						
37						
38						
39		!	<u> </u>	1		
40						1
41	ļ	<u> </u>	ļ	i		
42			ļ			<u> </u>
43	ļ	į	ļ		ļ	ļ
44	ļ			<u> </u>	<u> </u>	1
45	ļ	<u> </u>	ļ	!		ļ
. 46				<u> </u>	1	
47	ļ	<u> </u>	1		ļ	
48		ļ		<u> </u>		
49	ļ	1				
50		i	ļ	<u> </u>		
TOTAL		1	<i>3</i>	1		1
				_ <u>_</u> _		⊸ ▼
TOTAL DEP.	l	_	1	_		_

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DE	
51							
52							
53					1		
54						1	
55				1	1	i	
56	1				1	1	
57	1	İ	1			<u> </u>	
58	1						
59	1		1		†		
60			†	 	1		
61					 	 	
62	1	 		t		 	
63	1		i e	<u> </u>	-		
64			 				
65	 	<u> </u>		 	-		
66	 	 	 	 	 		
67	+		 	 	 -		
68	†	 	 -	i 	 		
69	1		 		 		
70	 		 	-			
71	 		 		 		
72	 		 				
73	 		-				
74	 		 				
			ļ				
75	 		 				
76	 						
77							
78	ļ		ļ				
79	-						
80			ļ				
81	 						
82							
83							
84							
85			_	_			
86							
87	-				ļ		
88	ļ		1				
89	_		ļ				
90	 						
91	-		L				
92			!				
93							
94							
95	ļ			!			
96							
97							
98							
99							
100							
TOTAL IND.		1					
TOTAL DEP.		—		-		— *	
TOTAL	† 	w (-	peniors is sufficient		Section is	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS